

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Peter M. Bonutti et al. :
: Group No.: 3772
Application No.: 10/760,598 :
: Examiner: Brown, Michael A.
Filed: January 20, 2004 :
: :
For: SHOULDER ORTHOSIS :

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

TRANSMITTAL

1. Transmitted herewith is:
Amendment Transmittal (3 pages)
Amendment in Response to Office Action dated August 6, 2010 (18 pages)

STATUS

2. Applicant
☒ claims small entity status.
☐ is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 130.00	\$ 65.00
<input type="checkbox"/> second month	\$ 490.00	\$ 245.00
<input type="checkbox"/> third month	\$ 1,110.00	\$ 555.00
<input type="checkbox"/> fourth month	\$ 1,730.00	\$ 865.00
<input type="checkbox"/> fifth month	\$ 2,350.00	\$1,175.00
	Fee Due	\$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$.

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL	MINUS		=	x \$26.00 = \$		x \$52.00 = \$
INDEP.	MINUS		=	x \$110.00 = \$		x \$220.00 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$195.00 = \$		+ \$390.00 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☐ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$

FEE PAYMENT

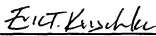
5. Attached is a check in the sum of \$
☐ Charge Deposit Account No. 01-2384 the sum of \$
☐ A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:


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